MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-001258

STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 33

DO NOT WRITE ON THIS STUB

AMENDED

VS 300 Rev. 4/59

1 0405
2 0410
3
4 1
5 2
6
7 1
8 0
9 4500
10
11
12 2-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

FILED FEB 13 1963

1. PLACE OF DEATH
a. COUNTY: Grundy
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Trenton
Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wright Memorial Hospital
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Harrison
c. CITY OR TOWN: Gilman City
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: Margaret Middle: E. Last: Gusewelle
4. DATE OF DEATH: Month: Feb Day: 8 Year: 1963
5. SEX: F
6. COLOR OR RACE: W
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 4/19/1871
9. AGE (last birthday): 91
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HR: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home Maker
10b. KIND OF BUSINESS OR INDUSTRY: domestic
11. BIRTHPLACE (City and state or country): Chillicothe, Ohio
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: James Milne
13b. MOTHER'S MAIDEN NAME: Jean McDonald
14. NAME OF HUSBAND OR WIFE: James Gusewelle (dec)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or date: —)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Vess Ward Address: Gilman City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause.)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Venous Thrombosis left leg — INTERVAL BETWEEN ONSET AND DEATH: about 10 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arterio-sclerosis Indefinite
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days: ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Jan 5-1963, to Feb. 8-1963 and last saw her/him alive on Feb. 8-1963
Death occurred at 10:25 P m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): O H Cullers M.D.
22b. ADDRESS: Trenton, Mo
22c. DATE SIGNED: 2-9-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2/10/1963
23c. NAME OF CEMETERY OR CREMATORY: Gilman City Cemetery AF&AM
23d. LOCATION (City, town, or county) (State): Gilman City, Mo.

24. FUNERAL DIRECTOR: J. Gordon Blackmore ADDRESS: Trenton, Mo.
25. DATE REC'D. BY LOCAL REG.: 2-9-63
26. REGISTRAR'S SIGNATURE: Irene Fair

(Licensed Embalmer's Statement on Reverse Side)

Dr. Cullers.

FEB 19 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed J Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.